

2002 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

Establishment Questionnaire

*(Please correct any errors in name, address, and ZIP
Code. Enter number and street if not shown.)*

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

RETURN TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001 OR
Fax to 1-800-447-4613**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the establishment identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2002**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
5. Unless otherwise specified, respond for ACTIVE employees.
6. Please retain a completed copy of this form for your records.
7. If you have any questions or need assistance in completing the questionnaire, please call

Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, per establishment, to complete the basic questionnaire. Establishments with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of four plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please do not mail questionnaires to this address as it will delay data processing.

Section A – NUMBER OF PLANS

Please respond for the location identified on the cover sheet unless otherwise specified.

Respond for **ACTIVE** employees only.

1a. Did your organization make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2002?

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 Yes – Continue with Question 1b
 2 No – **SKIP to Section B**

b. How many different health insurance choices did your organization make available or contribute to for its ACTIVE employees during the 2002 plan year?

Do not count single service plans (optional plans) such as dental or vision.

Plans offered by the same insurance company which offer:

- Single, employee-plus-one, and family coverage providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

003 **SKIP to Page 4, Section C**

Section B – HEALTH INSURANCE NOT OFFERED

Complete only if health insurance was **NOT** offered during 2002; otherwise, **SKIP to Page 4, Section C.**

1a. Did your organization offer any health insurance as a benefit to its employees at this location between January 1, 1997 and December 31, 2001?

- 031 1 Yes – Continue with Question 1b
 2 No – **SKIP to Question 2**

b. What was the last year your organization offered health insurance coverage to its employees at this location?

032 Last year offered

2. In 2002, did your organization pay the medical or hospital bills of its employees directly, other than for workers' compensation and/or injuries suffered on the job?

- 049 1 Yes
 2 No

3. Instead of providing a health plan in 2002, did your organization provide a voucher or stipend to its employees which could be used to purchase health insurance?

- 045 1 Yes
 2 No
Continue with Page 4, Section C

Section C – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.
 Include officers, owners, part-time, temporary and seasonal employees.
 Exclude former employees, leased or contract workers and retirees.

1. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2002?

034

Employees at all locations

Complete questions 2-7 for **the location** listed on the cover sheet.

2a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2002?

200

All employees at this location

If your organization did not offer health insurance in 2002, SKIP to Question 3a.

b. How many of these employees were ELIGIBLE for at least one health plan through your organization?

201

Eligible employees

c. How many of these employees were ENROLLED in ANY health plan through your organization?

202

Enrolled employees

3a. For the same TYPICAL pay period in 2002, how many of the employees reported in C2a worked part-time?

203

Part-time employees

If your organization did not offer health insurance in 2002, SKIP to Question 5.

b. How many of these part-time employees were ELIGIBLE for at least one health plan through your organization?

204

Eligible part-time employees

c. How many of these part-time employees were ENROLLED in ANY health plan through your organization?

205

Enrolled part-time employees

4. Did your organization offer health insurance to its temporary or seasonal employees in 2002?

Mark (X) only one.

564

- 1 Yes
- 2 No
- 4 No temporary or seasonal employees
- 3 Don't know

5. Is the information you provided in questions 2 and 3 above for the location listed on page 1 OR did you provide information for multiple locations?

550

- 1 Information for specified location
- 2 Information for multiple locations

6. If your organization offered health insurance, how many hours per week must an employee work to be eligible for health insurance?

626

Hours worked to be eligible

Continue with Page 5, Section C

Section C – EMPLOYMENT CHARACTERISTICS – Continued

Provide information for a TYPICAL pay period in 2002.

Estimates are acceptable.

The following workforce characteristics are used to group similar organizations together for analytical purposes.

If none, enter "0".

7a. Approximately what percentage of the employees at this location were women?

016

 %

Women employees

b. Approximately what percentage of the employees at this location were 50 years old or older?

017

 %

Employees 50 years old or older

c. Approximately what percentage of the employees at this location were union members?

018

 %

Union members

d. For the employees at this location in 2002, approximately what percentage earned –

022

 %

Earned less than \$9.50 per hour

Less than \$9.50 per hour?
Approximately \$19,800 a year or less

023

 %

Earned between \$9.50 and \$21.00 per hour

Between \$9.50 and \$21.00 per hour?
Approximately \$19,800 to \$43,700 a year

024

 %

Earned more than \$21.00 per hour

More than \$21.00 per hour?
Approximately \$43,700 a year or more

Continue with Page 6, Section D

Section D – BUSINESS CHARACTERISTICS

1a. Which of the following categories best describes the operational status of the establishment at this location at the end of 2002?

Mark (X) only one.

- 516
- 1 In operation
 - 2 Temporarily or seasonally inactive
 - 3 Ceased operation
 - 4 Sold or leased to another operator

}

SKIP to Question 2a

Continue with Question 1b

b. During what month and year did this establishment's change in operational status occur?

Enter numeric responses

Example: January 2002 –

517

		Mo.					Yr.
--	--	-----	--	--	--	--	-----

2a. Which of the following fringe benefits did your organization offer its employees at this location in 2002?

		Yes (1)	No (2)	Don't know (3)
050	Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051	Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052	Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053	Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
054	Retirement/pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Did your organization offer any of these tax-advantaged benefits to its employees at this location in 2002?

These benefits are also known as Section 125 Cafeteria Plans.

See the Definition Sheet included with this package for an explanation of these benefits.

		Yes (1)	No (2)	Don't know (3)
627	Employee contributions to health insurance made on a pre-tax basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056	Flexible SPENDING Accounts (FSA) For healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057	Flexible Benefits Plans Full cafeteria plan that offers employees a set of benefits from which to choose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. If your organization offered a Flexible Benefits Plan, what was the average annual value of the plan for a TYPICAL employee at this location in 2002?

058

\$.	0	0
----	--	--	--	--	--	--	--	---	---	---

Flexible Benefits Plan value

3. Did your organization offer a MEDICAL SAVINGS Account (Archer MSA) to its employees at this location in 2002?

- 055
- 1 Yes
 - 2 No
 - 3 Don't know

4. Which one of these categories BEST describes your type of business ownership?

Mark (X) only one.

- 062
- 1 S corporation
 - 2 Corporation
 - 3 Partnership
 - 4 Sole proprietorship
 - 5 Government (Federal, state, or local)
 - 6 Joint venture or cooperative

5. Is this a not-for-profit business?

- 063
- 1 Yes
 - 2 No

Continue with Page 7, Question 6

Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete questions 1-5 for ALL locations.

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws. See the Definition Sheet included with this package for an explanation of these terms.

- 1. Did your organization provide health insurance coverage to any person who retired ON OR BEFORE December 31, 2002, or to any of their survivors?**

If COBRA was the only coverage offered, mark "No."

- 551 1 Yes – Continue with Question 2
 2 No
 3 Don't know } **SKIP to Page 10, Section G**

- 2. In 2002, what was the total number of retirees enrolled in health insurance through your organization at all of its locations?**

513 **Total** retirees

UNDER 65 YEARS OF AGE

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

- 3a. Were any of the retirees with coverage, reported in Question 2, under 65 years of age?**

- 628 1 Yes – Continue with Question 3b
 2 No – **SKIP to Page 9, Question 4a**

- b. What was the TOTAL number of retirees under 65 years of age enrolled in health insurance through your organization at all of its locations in 2002?**

572 **Total** retirees under 65 enrolled in health insurance

- c. What percentage of these retirees were ENROLLED in SINGLE coverage?**

573 % Retirees under 65 **enrolled** in **single** coverage

- d. For a typical plan in 2002, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574 \$, . 0 0 **Employer** contribution for **single** premium

- e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?**

575 \$, . 0 0 **Total single** premium

- f. For a typical plan in 2002, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

For retirees, if premium varied by family size, report for a family of two.

576 \$, . 0 0 **Employer** contribution for **family** premium

- g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

577 \$, . 0 0 **Total family** premium

Continue with Page 9, Question 4a

Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS –Continued

AGE 65 YEARS OR OVER

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

4a. Were any of the retirees with coverage, reported in Question 2, 65 years of age or over?

- 629 1 Yes – Continue with Question 4b
 2 No – **SKIP to Question 5a**

b. What was the TOTAL number of retirees 65 years of age or over enrolled in health insurance through your organization at all of its locations in 2002?

578 **Total** retirees 65 or over enrolled in health insurance

c. What percentage of these retirees were ENROLLED in SINGLE coverage?

579 % Retirees 65 or over **enrolled in single** coverage

d. For a typical plan in 2002, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580 \$, . 0 0 **Employer** contribution for **single** premium

e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

581 \$, . 0 0 **Total single** premium

f. For a typical plan in 2002, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

582 \$, . 0 0 **Employer** contribution for **family** premium

g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

583 \$, . 0 0 **Total family** premium

NEW RETIREES

For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your organization in 2002.

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

5a. Did your organization offer health insurance to any NEW RETIREES?

- 630 1 Yes – Continue with Question 5b
 2 No
 3 Don't know } **SKIP to Page 10, Section G**

b. Were NEW RETIREES under 65 years of age eligible for health insurance?

- 631 1 Yes
 2 No
 3 Don't know

c. Were NEW RETIREES 65 years of age or over eligible for health insurance?

- 632 1 Yes
 2 No
 3 Don't know

Continue with Page 10, Section G

500 Remarks

Section G – PERSON COMPLETING THIS QUESTIONNAIRE

***** PLEASE NOTE *****

If your organization offered health insurance, please complete Section G and an attached MEPS-10(S), Plan Information Questionnaire, for each plan offered.

If your organization DID NOT offer health insurance, please complete Section G and END the form.

²¹² Name (Please print)

²¹³ Title

Signature

²¹⁴ Date (Month/Day/Year)

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

²¹⁵ Telephone number
()

²²⁰ Extension

²¹⁶ FAX number
()

²¹⁷ E-Mail address